

**Kentucky Division of Compliance Assistance  
Certification and Licensing Branch  
Operator Certification Program  
300 Fair Oaks Lane  
Frankfort, KY 40601**

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**Continuing Education Activity Report**

Division of Compliance Assistance's Assigned Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Course Sponsor's Name and Phone Number: \_\_\_\_\_

Participants' Information (Operator certificates contain identification information requested below):

Agency Interest Number	Operator's Name (as shown on certification)	*Operator's Certification Number(s) (where credit is to be applied)			Continuing Education Credit Earned (to be completed by sponsor)
		DW (treatment or distribution)	WW	Collection	** Continuing Education Hours Earned

\* Provide certification numbers for Drinking Water Treatment, Drinking Water Distribution, Wastewater Treatment or Collection System.

\*\* Calculate Continuing Education Hours as approved by the Division of Compliance Assistance.

As sponsor of the training completed by the operators listed above, I certify it was conducted and participants performed according to conditions approved by the Kentucky Certification Boards. I understand that submission of false information could result in expiration of an operator's certification due to noncredit and might be cause for nonapproval of subsequent training requests. Further, falsification of a cabinet document could result in legal penalties per KRS 223.991 and/or 224.99-010.

Sponsor Contact Name (printed): \_\_\_\_\_

Sponsor Contact Person's Signature and Date: \_\_\_\_\_

